



TENNCARE - TITLE XIX  
PRE-ADMISSION EVALUATION

NOTICE OF DENIAL

If you have any questions, you may call  
toll-free at 1-800-342-3145 or write:  
TN Dept. of Finance and Administration  
P.O. Box 450  
Nashville, TN 37202-0450

IDENTIFYING INFORMATION

PAE Sequence #: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Medicaid ID #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Provider #: \_\_\_\_\_  
Date Requested: \_\_\_\_\_  
Date PAE Reviewed: 9/3/03  
Reviewed by: Eleanor Brantley, R.N. (615-741-0024)

INFORMATION PROVIDED

☒ PAE: \_\_\_\_\_  
☐ Hospital H&P: \_\_\_\_\_  
☐ Physician Progress Notes: \_\_\_\_\_  
☐ Physician Orders: \_\_\_\_\_  
☐ Psychological Exam: \_\_\_\_\_  
☐ Plan of Care: \_\_\_\_\_  
☐ RehabEvaluation(TYPE): \_\_\_\_\_  
☐ Nurses Notes: \_\_\_\_\_  
☐ Other (TYPE): \_\_\_\_\_

Pursuant to TennCare Rule 1200-13-1-15, the applicant must meet requirements (4)(a) through (d) in order to qualify for Medicaid reimbursement in an Intermediate Care Facility for the Mentally Retarded. Criteria not met will be marked and an explanation given.

- ☐ Supporting evidence that care in an Intermediate Care Facility for the Mentally Retarded will enhance the individual's functional ability or prevent or delay the deterioration or loss of functional ability, and that such care is ordered and supervised by a physician. [Rule 1200-13-1-.15(4)(a)1.]
- ☐ Supporting evidence of a diagnosis of Mental Retardation or Related Condition. [Rule 1200-13-1-.15(4)(b)2.]
- ☐ Supporting evidence of the need for Specialized Services for Mental Retardation or Related Conditions and evidence of a significant deficit or impairment in adaptive functioning in one of the following areas: communication, comprehension, behavior, or activities of daily living (e.g., toileting, bathing, eating, dressing/grooming, transfer, mobility). [Rule 1200-13-1-.15(4)(b)3.]

To be considered for review, all Pre-Admission Evaluations must meet certain technical requirements. Requirements not met will be marked and explanation given.

- ☐ A recent (i.e. within the last year) History and Physical addressing all systems. [Rule 1200-13-1-.15 (2)(d)]
- ☐ A psychological evaluation of need for care performed no more than twelve months before admission. [Rule 1200-13-1-.15 (2)(e)]
- ☐ Other

COMMENTS: \_\_\_\_\_

ADDITIONAL DOCUMENTATION REQUESTED: \_\_\_\_\_